

9-7-05

Attorney Docket No. 108298629US Disclosure No. 01-0287.00/US

PTO/SB/22 (12-04)
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Oncer the Paperwork Reduction Act of 1995, no persons are required to respond to a collection			Docket Number (Optional)	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005			108298629US	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/090,986-Conf. #7500			Filed M	arch 4, 2002
For METHOD AND SYSTEM FOR REMOVAL OF CONTAMINATES FROM PHASESHIFT PHOTOMASKS				
Art Unit	1746		Examiner	F. L. Stinson
identified appli				
rne requested	d extension and fee are as follows (chec			ropriate lee below).
ر ا	07 OFD 4 47/5 V4V	Fee	Small Entity Fee	¢ 120.00
	ne month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
T ₁	wo months (37 CFR 1.17(a)(2))	\$450	\$225	<u> </u>
Т	hree months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
F	our months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Fi	ive months (37 CFR 1.17(a)(5))	. \$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
X A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Deposit Account Number 50-0665 .				
I am the	applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	x attorney or agent of record. Re	egistration Number	38,264	
	attorney or agent under 37 CFI	R 1.34.		•
	Registration number if acting un	der 37 CFR 1.34		•
			Septemb	per 6, 2005
Signature		Date		
Paul T. Parker			(206) 359-8000	
Typed or printed name			Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
x Total	of 1 forms are submitte	ed.		

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